



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

FILED
10/1/2014
CIRCUIT COURT

2014 AUG 26 A 9:37

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 7-30-14 To 8-25-14

1. Committee I.D. Number

150702

4. Committee's Mailing Address

BY P.O. BOX 947
PINCONNING MI 48650
989-324-7069

2. Committee Name

FRIENDS OF PUBLIC TRANSIT

Area Code and Phone: _____
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

MICHAEL STONER
1480 E. MT. FOREST RD., PINCONNING MI 48650

Area Code and Phone 989-324-7069

6. Treasurer's Business Address

NA

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

NA

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☒ PRE-ELECTION

OR

☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ OTHER: _____

Date of Election:

NOV. 4, 2014

8b.

☐ FEBRUARY STATEMENT

☐ APRIL STATEMENT

☐ JULY STATEMENT

☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(____ Coverage Year)

8d:

☐ Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. ☐ DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

MICHAEL STONER, Michael Stoner 8/25/14

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number

150702

2. Committee Name

FRIENDS OF PUBLIC TRANSIT

RECEIPTS

3. Contributions

a. Itemized Contributions (Schedule 4A, Column 6)

(3a.) \$ 1130.00

b. Unitemized Contributions
(less than \$20.01 - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 1130.00

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$ - 0 -

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3 c + Line 4)

(5.) \$ 1130.00

Column II
Cumulative for Election Cycle

(18.) \$ 1130.00

(19.) \$ - 0 -

(20.) \$ 1130.00

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions

a. Itemized In-Kind Contributions
(Schedule 4-IK, Column 7)

(6a.) \$ 93.60

b. Unitemized (less than \$20.01 each - no Schedule)

(6b.) \$ NOT APPLICABLE

7. TOTAL IN-KIND CONTRIBUTIONS
(Add Line 6a + Line 6b)

(7.) \$ 93.60

(21.) \$ 93.60

EXPENDITURES

8. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(8a.) \$ -

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(8b.) \$ -

c. In-Kind Expenditures - Purchase of Goods or Services
(Schedule 4B-2, Column 7)

(8c.) \$ -

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(8d.) \$ -

e. Subtotal of Expenditures

(8e.) \$ - 0 -

(22.) \$ - 0 -

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ - 0 -

(23.) \$ - 0 -

10. TOTAL EXPENDITURES (Add Line 8e + Line 9)

(10.) \$ - 0 -

(24.) \$ - 0 -

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ 93.60

(25.) \$ 93.60

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ - 0 -

b. Owed to the Committee (Schedule 4E)

(12b.) \$ - 0 -

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ - 0 -

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 1130.00

15. SUBTOTAL Add lines 13 and 14

(15.) = 1130.00

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - - 0 -

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 1130.00 *



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702
2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>WOZNIAK, CATHY</u> <u>763 E. WILDER RD.</u> <u>BAY CITY MI 48706</u>		4. Date of Receipt <u>AUG. 6, 2014</u>	6. Amount \$ <u>20.00</u> \$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>TOBIN, JUDITH</u> <u>3147 GASLIGHT DR.</u> <u>BAY CITY MI 48706</u>		4. Date of Receipt <u>AUG. 6, 2014</u>	6. Amount \$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>USW LOCAL 8422</u> <u>1510 N. JOHNSON ST.</u> <u>BAY CITY MI 48708</u>		4. Date of Receipt <u>AUG. 13, 2014</u>	6. Amount \$ <u>400.00</u> \$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNION</u> Employer <u>UNITED STEELWORKERS UNION</u> Business Address <u>1510 N. JOHNSON ST., BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>GIBSON, BENTON</u> <u>3087 OLD KAWKAWLIN RD.</u> <u>BAY CITY MI 48706</u>		4. Date of Receipt <u>AUG. 20, 2014</u>	6. Amount \$ <u>100.00</u> \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 570.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702

2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: <u>DEVOS, TIMOTHY</u> <u>1616 - 8 MILE RD.</u> <u>KAWKAWLIN MI 48631</u></p> <p>4. Date of Receipt <u>AUG. 20, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 2 Name & Address: <u>NORMAN, RONALD</u> <u>2015 MICHIGAN AVE.</u> <u>BAY CITY MI 48708</u></p> <p>4. Date of Receipt <u>AUG. 20, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 3 Name & Address: <u>GASTA DOUGLAS</u> <u>222 STATE PARK DRIVE</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>AUG. 20, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 4 Name & Address: <u>MENALLY, MELVIN</u> <u>2081 FRASER RD.</u> <u>KAWKAWLIN MI 48631</u></p> <p>4. Date of Receipt <u>AUG. 20, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>40.00</u>	\$ <u>40.00</u>
		Click Here for Memo Itemization	

Page Subtotal

135.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702
2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>CAMPBELL, MARIE</u> <u>66 CAROL CT.</u> <u>ESSEXVILLE MI 48732</u>		4. Date of Receipt <u>AUG. 20, 2014</u>	<u>\$ 10.00</u> <u>\$ 10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>SMITH, DAVID</u> <u>3076 E. MIDLAND RD.</u> <u>BAY CITY MI 48706</u>		4. Date of Receipt <u>AUG. 20, 2014</u>	<u>\$ 25.00</u> <u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>POWELL, LAURENE</u> <u>5277 DRESTWAY DR.</u> <u>BAY CITY MI 48706</u>		4. Date of Receipt <u>AUG. 20, 2014</u>	<u>\$ 20.00</u> <u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>POTTER, LISA</u> <u>3226 QUEEN CT.</u> <u>BAY CITY MI 48706</u>		4. Date of Receipt <u>AUG. 20, 2014</u>	<u>\$ 20.00</u> <u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 75.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702
2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: <u>DOMINOWSKI, THOMAS</u> <u>2617 - 25TH ST.</u> <u>BAY CITY MI 48708</u></p> <p>4. Date of Receipt <u>AUG. 20, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 2 Name & Address: <u>ANDERSON, JEFFREY</u> <u>3615 STATE STREET RD.</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>AUG. 20, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 3 Name & Address: <u>MOBILITY TRANSPORTATION SERVICES</u> <u>42000 KOPPERNICK, #A3</u> <u>CANTON MI 48187</u></p> <p>4. Date of Receipt <u>AUG. 22, 2014</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PARTS SUPPLIER</u> Employer <u>SEE ABOVE</u> Business Address <u>SEE ABOVE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 4 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal

350.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

1130.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 150702

2. Committee Name FRIENDS OF PUBLIC TRANSIT

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 Name & Address: <u>STONER, MICHAEL</u> <u>1480 E. MT. FOREST RD.</u> <u>PINCONNING MI 48650</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>POST OFFICE BOX RENTAL</u></p> <p>5. DATE OF RECEIPT: <u>JULY 30, 2014</u> Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: <u>U.S. POSTAL SERVICE</u> <u>PINCONNING MI 48650</u></p>	<p>\$ <u>74.00</u></p>	<p>\$ <u>74.00</u></p>
<p>Contribution #2 Name & Address: <u>STONER, MICHAEL</u> <u>1480 E. MT. FOREST RD</u> <u>PINCONNING MI 48650</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>POSTAGE STAMPS</u></p> <p>5. DATE OF RECEIPT: <u>AUG. 15, 2014</u> Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: <u>U.S. POSTAL SERVICE</u> <u>PINCONNING MI 48650</u></p>	<p>\$ <u>19.60</u></p>	<p>\$ <u>93.60</u></p>
<p>Contribution #3 Name & Address:</p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description _____</p> <p>5. DATE OF RECEIPT: _____ Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS:</p>	<p>\$ _____</p>	<p>\$ _____</p>

Page Subtotal

93.60

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

93.60

Enter this total on
line 6a of
Summary Page